2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 06, 2025
Secretary of State
5276348656CC

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Entity Name: MEDICAL HOMECARE HOLDINGS, LLC

Current Principal Place of Business:

4664 LAKE WORTH ROAD
LAKE WORTH, FL 33463

Current Mailing Address:

4664 LAKE WORTH ROAD
LAKE WORTH, FL 33463 US

FEI Number: 33-1216700

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LECKER, MAURICE J
4664 LAKE WORTH ROAD
LAKE WORTH ROAD, FL 33463 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent — Date

Authorized Person(s) Detail :

Title	VP	Title	P
Name	LECKER, MAURICE J	Name	LECKER, EILEEN R
Address	4664 LAKE WORTH ROAD	Address	4664 LAKE WORTH ROAD
City-State-Zip:	LAKE WORTH FL 33463	City-State-Zip:	LAKE WORTH FL 33463

Title	AMBR
Name	LECKER, MICHAEL
Address	4664 LAKE WORTH ROAD
City-State-Zip:	LAKE WORTH FL 33463

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MAURICE LECKER VP 03/06/2025

Electronic Signature of Signing Authorized Person(s) Detail — Date